

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/25/2022.

No. 78493

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 98493 Office of Registrar of Vital Statistics. Ward 12<sup>th</sup>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, March 9<sup>th</sup> 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Doyle

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 92 Years, Months, Days.

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Ireland

Birth Place, {State or country, and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore, 10 years

Place of Death, {Give Street and Number.} 1212 E. Ewing St

Cause of Death, {First (Primary), old age  
Second (Immediate), Exhaustion

Duration of Last Sickness, few days

All the above information should be furnished by the Physician.

Place of Burial, St Peter's Cemetery

Date of Burial, March 11<sup>th</sup> 1887

{ Undertaker, Henry H. Means } M. D.

{ Place of Business, #413 E. Fayette St Address, 711 W. Calvert St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



No. 98494

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 98494 Office of Registrar

Ward

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT PROPER CERTIFICATE

CERTIFICATE OF DEATH.

Date of Death, March 8th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Sarah E. V. Schaefer

Sex, ~~Male or~~ Female, { Cross out the word not  
required in this line. }

Age, 36 Years, \_\_\_\_\_ Months, 1 Days

Color, White

~~Married, Single, Widow or Widower,~~ { Cross out the words not  
required in this line.

Occupation,

Birth Place, { State or country, and how  
long in the United States,  
if of foreign birth. } Baltimore, Md.

Duration of Residence in the City of Baltimore, *Albany*

Place of Death, { Give Street and Number. } New 640, Old 249 Lee St

Cause of Death, { First (Primary), .....  
Second (Immediate), Metro Pericoma

Duration of Last Sickness, Feb 9 (Months)

All the above information should be furnished by the Physician.

Place of Burial, London Park Cemetery

Date of Burial, March 11<sup>th</sup> 1887

(Undertaker, Henry H. Means Medical Attendant. M. D.

Place of Business, *413 E Hayette St* Address, *841 N. E. Enten St*

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.



No. 78495

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 78495 Office of Registrar of Vital Statistics.

Ward 20<sup>th</sup>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within ~~ten~~ <sup>four</sup> hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, March 8<sup>th</sup> 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } William L. Hopkins

Sex, Male ~~Female~~ { Cross out the word not required in this line. }

Age, 49 Years, 7 Months, 11 Days

Color, White

Married, ~~Single~~ ~~Widow~~ ~~Married~~ { Cross out the words not required in this line. }

Occupation, Book-keeper

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore Md

Duration of Residence in the City of Baltimore, All his life.

Place of Death, { Give Street and Number. } No 1009 Myrtle Ave.

Cause of Death, { First (Primary), Phthisis Pulmonalis }  
{ Second (Immediate), Wasting-Exhaustion. }

Duration of Last Sickness, About one year.

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cemetery

Date of Burial, March 10<sup>th</sup> 1887

{ Undertaker, John S. Macher } { Ridgely Hammond M. D. }  
Medical Attendant.

{ Place of Business, No 150 Camden St } { Address, 502 N. Carey St. }

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



No. 98496

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 98496 Office of Registrar of Vital Statistics. Ward 13<sup>th</sup>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT THIS CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, March 9<sup>th</sup>

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Fredrick M. Horner

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 8 Years, 11 Months, 11 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, Balloon

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Upper Tennessee

Duration of Residence in the City of Baltimore, 2 1/2 Years

Place of Death, { Give Street and Number. } 211 Parkin St.

Cause of Death, { First (Primary), Second (Immediate), } Miner's  
Shrapnel  
Wound

Duration of Last Sickness, 1 Day

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, March 10<sup>th</sup> 1887

Undertaker, Geo. L. Linnbach C. S. Buddenbush M. D.

Place of Business, 607 W. Pratt St. Address, 610 S. Paca St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 98497 Office of Registrar of Vital Statistics.

Ward 13<sup>th</sup>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, March 9<sup>th</sup> 1887.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Martha Kirls

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 21 Years, — Months, — Days

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, —

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore Co Md

Duration of Residence in the City of Baltimore, Six months

Place of Death, { Give Street and Number. } 57 N. Poppleton St

Cause of Death, { First (Primary), all consumption Second (Immediate), Do. }

Duration of Last Sickness, Twelve months

All the above information should be furnished by the Physician.

Place of Burial, Hampton Bldg.

Date of Burial, Mar. 11/87

{ Undertaker, J. B. Cook } James Bacon M. D. Medical Attendant.

{ Place of Business, 1003 W. Balto. } Address, Wilmington Delaware

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



No. 98498

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 98498 Office of Registrar of Vital Statistics.

Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, Mar 8<sup>th</sup> 1887

Full Name of Deceased, Augusta M Bodnick

Sex, Male or Female, Male

Age, 38 Years, Months, Days.

Color, W

Married, Single, Widow or Widower, Single

Occupation, Nurse

Birth Place, Balt Co.

Duration of Residence in the City of Baltimore,

Place of Death, 144 S Ann St.

Cause of Death, Hemiplegia

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cmt

Date of Burial, Mar 10/87

Undertaker, J B Cook

Place of Business, W. Balte St Address, 124 S Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



No. 98499

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No.

98499

Office of Registrar

Vital Statistics

Ward

10<sup>12</sup>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within ~~twenty-four~~ four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, March 9<sup>th</sup> 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Alice O. Harrison

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 33 Years, 9 Months, 24 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } ☒ Single

Occupation, House work

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Somerset Co. Md.

Duration of Residence in the City of Baltimore, about 24 years

Place of Death, { Give Street and Number. } No. 925 W. Franklin St.

Cause of Death, { First (Primary), Second (Immediate), } Cholera Morbus

Duration of Last Sickness, about one day

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, March 11/07

Undertaker, Chas. S. Seum John C. Harris M. D.

Medical Attendant.

Place of Business, 925 Madison Ave Address, No. 773 W. Lexington St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.  
 Permit No. 98500 Office of Registrar of Vital Statistics Ward 11<sup>th</sup>  
 The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within two days of the death of said deceased, or sooner, if requested so to do, under penalty of law.  
 No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 10<sup>th</sup> March, 1887.  
 Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Robert Schn.  
 Sex, Male ~~or Female~~, { Cross out the word not required in this line. }  
 Age, Sixty Seven (67) Years, Months, Days  
 Color, White  
 Married, Single, ~~Widow or Widower~~, { Cross out the words not required in this line. }  
 Occupation, Merchant  
 Birth Place, { State or country, and how long in the United States, if of foreign birth. } Germany  
 Duration of Residence in the City of Baltimore, Thirty Seven (37) Years  
 Place of Death, { Give Street and Number. } No. 12 W. Read St. Baltimore  
 Cause of Death, { First (Primary), Second (Immediate), } Posterior Spinal Sclerosis.  
Uræmia and exhaustion  
 Duration of Last Sickness, about 2 years.  
 All the above information should be furnished by the Physician.  
 Place of Burial, Greenmount  
 Date of Burial, Mar 12<sup>th</sup> 87  
 Undertaker, New Jenkins & Sons  
 Place of Business, Park & Saratoga  
 Address, 47. Franklin St. Balt.  
 M. C. van Buiten M. D.  
 Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



No. 12

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department



Baltimore.

Permit No. 98501

Office of Registrar of Deaths

Ward 12

The Physician who attended any person in a last illness, is requested to fill out this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within 24 hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, March 8th 1887

Full Name of Deceased, Josephine Greenwood

Sex, ~~Male~~ Female, ☒ Cross out the word not required in this line.

Age, 35 Years, Months, Days.

Color, white

Married, Single, ~~Widow or Widower~~, ☒ Cross out the words not required in this line.

Occupation, Carroll County Md

Birth Place, ☒ State or country, and how long in the United States, ☒ if of foreign birth.

Duration of Residence in the City of Baltimore, Hospital of Good Samaritan

Place of Death, ☒ Give Street and Number, ☒ Hospital of Good Samaritan

Cause of Death, ☒ First (Primary), ☒ Second (Immediate), ovarian tumor, Septicemia following operation

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, New Windsor Carroll Co Md

Date of Burial, Mar 10th 1887

Undertaker, C. P. Baile

Place of Business, New Windsor Address, 1218 Madison St

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

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HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/25/2022.

No. 98502

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 98502 Office of Registrar of Vital Statistics. Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within ten days after the death of said deceased, or sooner, if requested so to do, under penalty of law.  
No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Mar 8th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alex. F. Kuhr

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 3 Years, 2 Months, Days.

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give Street and Number.} 318 N. Fremont St -

Cause of Death, {First (Primary), Pneumonia  
Second (Immediate), Exhaustion

Duration of Last Sickness, 2 1/2 months

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Church

Date of Burial, March 11 1887

{ Undertaker, A. Rosenberger M. D.  
Place of Business, 61 Park Ave Address, 1001 Edmondman

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]